

Central MRS Meeting Notes  
April 22<sup>nd</sup>, 2008  
Guilford Co. DSS

Counties Present: Chatham, Guilford, Hoke, Iredell, Johnston, Lincoln, Mecklenburg, Moore, Person, Randolph, Rockingham, Rowan, Union, Watauga, Yadkin.

Introductions

Announcements Evaluation, DCD Letters

Accountability 100% accountable, why, Fish principles, How do we get there?

Closing In Home Services

Non-Compliance Petitions

Announcements

- DCDs
  - Individual training assessment on ncswelearn: Part A tells you what trainings are required vs Recommended, Part B self assessment it will look at your training history and interests and tell what trainings you might be interested in.
  - Family Violence Grants
  - PIP has been approved by Feds.
  - RIL can look at the history of changes on RIL
  - Coming Soon letter regarding the documentation tool. We will probably be discussing that in May and June at these meetings. Becomes effective July 1<sup>st</sup>.
- Evaluation - Duke has been looking at the data from the MRS system. 92% of cases where 109 information has been entered into the MRS database does not have any 215. Possibly will result in making the database require some type of entry in 215 before you can proceed to 109.
- Iowa University National center for family practice. Patrice White from ASU and Holly went to talk about family centered practice. Both presentations that they went to borrowed heavily from NC material. Very encouraging. There were Grad students that were studying Family Centered track (as opposed to child welfare.)
- May 21<sup>st</sup> and 22<sup>nd</sup> Coalition Against Domestic Violence in Raleigh.

Accountability

When Holly travels she frequently hears we don't have that service here or trouble with getting some other agency to do their job which allows us (DSS) to do our job better. System of Care should be able to help address this. In this vein, what does 100% accountability mean to you? How do we achieve 100% accountability?

- Come from the top down. Make it an expected part of agency culture.
- Monthly peer reviews for each discipline (assessment, foster care, etc.) They review pressing issues (policy etc.) and then review each others work. If there are questions or discussions about policy or other issues, these are discussed among these front line staff. Then they can communicate to the

administration and administration may change policy and procedure. Administration has to be accountable to responding to the front line staff, and the line staff have to be accountable to speak up, be honest, and offer suggestions for solutions .

- Accountability has to go both ways. Can't just blame downward to the workers, or upwards to managers. Have to all be accountable or the system falls apart.
- Collaterals are accountable for their concerns with the family. If they are not held accountable we end up with a weaker plan for the family. The family is not as invested because they don't believe that the people in their lives agree that there is a problem. If they think just DSS has an issue with them it doesn't mean as much as if Grandma has a problem they value her opinion more. Also DSS does not have all the information that we need to ensure the best plan for the family.
- If there are rules in place, must hold people to them. Ex: If dictation is due 2 weeks after a case is closed, then if it's not that is not just the worker's fault it is also the supervisors fault who didn't address the issue.
- Put systems in place to review procedures and ensure that they were happening. One county has Dictaphones and the typed up dictation goes back through the supervisors so that they are always aware of where their workers stand with their dictation.
- It's not only for the good of the families and the agency, but for the mental well-being of your co-workers as well. If you start to slip and someone calls you on it, it will help you to address the situation before you get so far in the hole that you are in complete despair.
- FISH principles
  - Be there. Try to be at work while you are at work and leave the other things going on in your life outside the workplace as much as possible.
  - Coaching you have to be willing to coach your colleagues, and also be willing to accept coaching when it is directed at you.
- Peer review good tool for coaching and to keep up with changes.

#### Other issues for discussion

##### Staffing

- One county is lower than other counties in their region when it comes to completing assessments within the required time frames. Wondering how other counties ensure that their cases are completed in a timely manner. They staff Supervisor and Worker, sometimes have others come in if they are stuck.
- What date goes on the 5104 the date the actual assessment is completed or the date it was staffed?
- One county (small county) has a group staffing and everyone comes to that staff meeting. This meeting takes priority. Put time limits on each of the cases so that they can get to all of them. If their cases go past the time frame you have to have a 2 level review to extend.

- Usually find out that when the case is getting extended, the social worker is getting involved with things that are not directly related to the child's safety. If there are minimal standards met, they need to close.
- One Supervisor schedules blocks of time for one on one with workers one week, the next week they meet as a group. Also sends out an overdue list so that they can see what is overdue. Using the date that they actually staff the case.
- Have just purchased a voice documentation program and once that is up and running they want to make a policy that you cannot staff a case without your documentation while staffing. The benefit to this is that you as a Supervisor can review the paperwork while you are staffing. Several other counties have this as a policy. However you have an obligation as a Supervisor to read this documentation in a timely manner.
- Cases that are being transferred to in-home services or foster care get paperwork completed faster because you can't transfer without paperwork. It is an understanding in the county that no one schedules anything during your scheduled staffing time. It is the same day and time every week.
- Have pre-staffing the week before and review what needs to be provided when they really staff. This is one-on-one. In her experience this is better because if you give some paperwork back during a regular staffing to be completed, you might never get it back.
- Working on holding agency accountable for how they assign cases. Don't just look at this week or this month, but look at a longer period of time to see if there is truly a trend to give one worker more abuse cases or something. By holding everyone accountable reduces resentment over something that is perceived but may not be accurate.
- Helps to staff with Case Management because they can hold Assessment accountable to defend if there is a real issue with this family and what services case management is expected to offer.
- Put the date that the case is due on the paperwork when the case is assigned. Some of them put it in the computer so that they get a reminder email.
- Supervisors remind workers when they meet (weekly) of ones that are coming up that need to be closed. If those cases are stuck then they discuss why before the case is already late.
- The culture dictates if you are behind most of the time. If the agency culture is that cases will be on time and paperwork done in a timely manner, then it is easier to hold people accountable than if it's technically a rule, but everyone is behind and there are no consequences.
- Meet weekly and review every case with their worker, not just the ones close to closure. Have checklists to ensure that everything is done, and put notes into One Case during staffings. Also have team staffing and all paperwork must be completed and given to their supervisor prior to team staffing. Used to allow workers to staff cases prior to paperwork being completed but after some poor reviews, they changed this because what workers will tell you while staffing and what ends up getting put down on paper end up being

different. This was a gradual process, but accepted it would be painful and help people accountable to it. Also helps that since the expectation is that your dictation is up to date in One Case if the Director or Supervisor gets a call about a case they can usually respond to the call based on the info in One Case. If your dictation is not up to date and they have to contact you before they can respond, this is embarrassing to a worker and it gets out there that your dictation was not complete.

- Address the issues that are DSS issues. You cannot fix the entire family situation, and when you have addressed the safety of the child, it is time to get out and close the case. Can't make the family perfect.
- Sometimes people end up doing some 215 during 210. Thinking is that if the family could be finished up in a few more weeks, rather than do all the paperwork to transfer the family to 215, just go ahead and extend 210 and let the family finish xyz service.
- Now that we have gotten in the mindset of frontloading services, it is sometimes hard to know when the assessment is over and it is time to transfer to in-home services. It is not ok to keep the assessment open to finish services if the assessment part of 210 is actually complete. At that time, the case needs to be transferred to in-home services, even if it will only be open in 215 a week.
- Holly has heard of a county that puts out a list of assessments that are at 90 days.

#### Frequency of Visits

- In the manual it says you must make sufficient contact to ensure the safety of the child, but it does not define what is sufficient contact. Someone heard that the federal definition requires face-to-face for someone in the family each week. Holly said that she had not heard that.
- This is not defined because it will be different for every case. NC will never define how many visits are required.
- What counties need to do is document rationale for why they set the visit frequency that they did. This way a reviewer will know that there was some logic behind the visits, and it wasn't just whenever you got around to it. Also the next worker will know what happened and why.

#### DV assessment tools

- Get a report, mom denies it, no police report, in other words, no proof but enough to be concerned for the safety of the children. What do you do when mom does not want to make a plan? How do you assess when the allegations are just verbal and there is nothing to back it up.
- DV scaled assessment tools can be used at any point during the case.
- Can also be used to determine if it is a real DV case or there is just discord and mutual hitting.

### Jurisdictional policy

- The cross county work group made some changes and counties say that it is not working, or not clear. The work group was composed of Directors who said that they were not aware of the extent of the issues. The Directors have said that if there are issues with cross county cases, they want those situations brought to their attention and they will work it out. Therefore, issues should be first brought to the attention of your Director.

### Communication

- Note about general communication either between counties or between the Division and the counties: the Division has standard methods for getting information out. There is only so much we can do, for example if we required training on all new policy that would not be appreciated. You can be accountable for your own knowledge if your Agency is less than timely in passing things down, you go to the website and get that knowledge yourself. Counties have other resources if they don't understand policy or they can't get other counties to respond them CPRs, MRS meetings etc.
- If you don't try to talk to the other county you can't condemn them for something you think they did.

### Closing In Home Services Cases

Do you feel comfortable that staff know when it is time to close a case? What are some of the indicators that let you know it is time to close?

- When the Service Agreement is Complete, when parents verbalize their willingness to protect.
- Sometimes the case plan doesn't work out like the family and DSS planned. (For example the plan was to get community support and the provider went out of business.) However, although the specifics of the case plan were not addressed, the behaviors were changed.
- Look at the objectives of the case plan, not necessarily the specific tasks. Sometimes people get too caught up in the specifics that were part of the case plan. The attitudes and behaviors are changed, who cares if they used and Aunt to provide day care instead of whatever was in the plan.
- Important to talk to collaterals and find out if they see changes in behaviors. But what happens when we see the risk lowered and they don't? Some collaterals want us to be involved in the family's life forever just in case and that is not reasonable.
- When the case was closed but there was a task that wasn't completed, and the family comes back into care, the second assessor may ask why didn't the family do all the things listed on their plan? When you are closing the initial 215 case don't just look to see that there were no bruises for 2 weeks, see that they have developed an alternative strategy for dealing with what led them to bruise their child and then close the case.
- A family can go to all the classes you want them to and sit there and get nothing out of it and not change any behaviors but you have a case plan with everything checked off.

- A family engaged in the behaviors that led us to get involved in their lives as coping behaviors to deal with something. We need to find replacement behaviors for that stressor. Otherwise they can stop doing it until we close, but if we have not provided an alternative behavior eventually they will probably revert to it after we close out.
- Some families may not participate in CFTs this is an issue.
  - Some folks do not just respond for CFTs it is not their style.
  - Some folks in the mountains particularly do not want other people in their businesses. DSS goes to them in their homes and may forgoes the professionals and has the immediate family there.
  - If the meetings are supposed to be for and about the family and you have done everything possible to promote the CFT and the family still doesn't want it, how family centered is it to force them to have it? Holly acknowledges that this is not the tool for every family, but would really have to show documentation that you did everything possible to promote it and didn't just say well, it's not right for this family and let it go at that.
  - Try to have a mentor, get a family that has been through it before that can talk to this family about a CFT. (Get permission around confidentiality.)
  - Policy is policy, but there are always individual situations and you have to look at what is the best choice for this family. You need to do what is best practice for the family, even if it might result in a ding on a CFSR. And document everything you do, or didn't do, and the reasons behind those decisions. This is part of the new way of looking at CFSRs not just as a score but as a way to improve your practice. If you don't have a CFT with one family and you get a ding on the CFSR and upon closer investigation you can demonstrate that you have CFTs with 99% of families, but you document why you didn't with a particular family although you got a ding you won't be under a major corrective action plan because you did best practice.
- In one county assessments set the stage for case closure. They don't box the in-home services staff in. Rather than say the family needs to take XYZ class, they say that the family needs to demonstrate improved knowledge and practice of parenting skills. Leave it up to the in-home services workers to work with the family on the manner in which they will achieve their goals instead of being so specific about how they need to do it.
- What about kinship care? See non-compliance petitions!

### Non-Compliance Petitions

Requested that we not call them non-compliance petitions, and instead call them Petitions without Non-Secure or Petition for Court Ordered Services .

Kinship care what do we do regarding a petition when the children are in an informal kinship care petition?

- Mom is fine with kids staying with Grandma but she could come get them at any time. Won't sign a petition. What do you do?
- Many county attorneys will not file them. Why?
- The attorneys who won't take them say that mom made an appropriate plan, or that the child is not being neglected *at this time*.
- The AG's office says that there is statute that supports these petitions.
- How do you pay for transfer of custody? Different ways for different counties.
- If the children have been living with a relative for many months and there is no immediate risk to the child the attorney will not take the case to court.
- Don't wait until the children have lived with 6 months with Grandma and there is no risk to the child. Do it early in the process of the case while mom is failing to meet her case plan and children have just moved to Grandma's. At that time you can still make the case that Grandma is a good placement but there needs to be some legal backing to this because since mom is not working toward her case plan therefore at this time there is still risk to the child.
- What do you do if Grandma is not willing to take custody? It becomes a dependency case because if she is not willing to take legal custody then the placement is not stable.
- If you just leave the case as is and close, in the future that situation may blow up. When kid goes to live with Grandma she is healthy and kid is young and cute. Then he becomes a teenager with issues and by that time she is not as healthy, but since she has no legal guardianship over the child she cannot get Work First benefits or other services for the child that are needed later in life. DSS is partially to blame for this because they let it go.
- Depends on if your county attorney is an employee of the county or the DSS. It is a different relationship if your Director is over the attorney. If the attorney is a county employee, see if your Director can talk directly to some judges and see if those judges are open to these petitions and then bring it back to the attorney.
- There is no easy fix to this it is something that must be worked on at both the county and the state level.
- Different counties have totally different situations. Need to sit down with your court partners and say this is an issue and start the conversation. This is not a quick fix but if you never start the conversation you will never get anywhere.

What about cases that are not kinship care, just families that refuse to make any progress on their case plans?

- Can use this as a way to keep kids from coming into care. You have tried everything, the risk continues, can tell the family that you are filing a petition, and this may be their wake up call.
- One county had a dangerous situation, filthy house, but child had not gotten hurt yet so didn't initially take them out. But when Mom didn't respond at all to the case plan, filed a petition.

- If your attorney is reluctant to file these kinds of petitions, and a nearby county does them, see if the other county's attorney would talk to your attorney. An attorney may be more willing to hear it from another attorney than a non-attorney.

May meetings:

Central: Stanly Co DSS - 21<sup>st</sup>

Western: Asheville, AB Tech - 27<sup>th</sup>

East: Bladen Co DSS - 22<sup>nd</sup>

June meetings:

Central: Burlington 18<sup>th</sup> (this is tentative)

Western: Jackson County - 19<sup>th</sup> (this is still tentative)

East: Wilson Co DSS - 17<sup>th</sup>



# Family Centered Meeting Summary Sheet

<b>Case #</b>	<b>Date:</b>	<b>County:</b>
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Start time:	<input type="checkbox"/> Initial meeting	<input type="checkbox"/> On site	<input type="checkbox"/> Moderate risk
End Time:	<input type="checkbox"/> Follow-up meeting	<input type="checkbox"/> Off site	<input type="checkbox"/> High risk

## Type of Family Meeting (Check ONE)

<input type="checkbox"/> Child and Family Team (CFT)	<input type="checkbox"/> Team Decision Making (TDM)
<input type="checkbox"/> Permanency Planning and Action Team (PPAT)	<input type="checkbox"/> Shared Parenting
<input type="checkbox"/> Success Meeting	<input type="checkbox"/> Other:

## Facilitator

<input type="checkbox"/> I am the SW for this case.
<input type="checkbox"/> I am a neutral facilitator for this case. (Primary job responsibility)
<input type="checkbox"/> I am a supervisor.
<input type="checkbox"/> I am a SW not involved with this case asked to facilitate the meeting for another SW.
<input type="checkbox"/> I am not a DSS employee.

## Present

[illegible]

### Invited but unable to attend

[illegible]

☐ Family declined to fill out survey.

# Family Centered Meeting Survey

Your answers will be used to help us evaluate how we run the meeting and help us organize better meetings in the future for other families. Your answers will only be read by a neutral meeting facilitator and university researchers. Complete the form and return it to the facilitator. Thank you for your assistance.

Date: \_\_\_\_\_

**Your role on the Team:** ☐ Mother ☐ Father ☐ Relative \_\_\_\_\_ ☐ Live-in Partner ☐ Child  
☐ Friend ☐ Neighbor ☐ Foster Parent **DSS Staff:** ☐ Child Protection Investigation /Family Assessment  
 worker ☐ Family Interventions/In home worker ☐ Intensive Family Preservation Services ☐ Foster Care  
 Worker ☐ Work First ☐ Supervisor **Court Staff:** ☐ Attorney ☐ Juvenile Justice Staff ☐ GAL **Mental**  
**Health Staff:** ☐ Therapist ☐ Mental Health Provider **School Staff:** ☐ Regular Teacher ☐ Counselor ☐  
 Administrator ☐ Special Education Teacher **Community Member:** ☐ Community Partner  
 \_\_\_\_\_ ☐ Service Provider \_\_\_\_\_ ☐ Other \_\_\_\_\_

Fidelity

Participation

Satisfaction

Knowledge

For each question below, circle the number to the right that best fits your response.

QUESTIONS	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The family meeting was fully explained to me before the meeting started.	1	2	3	4
2. I liked the time of the meeting.	1	2	3	4
3. I liked where the meeting was held.	1	2	3	4
4. I understood the purpose of the family meeting.	1	2	3	4
5. I understood my role in the family meeting.	1	2	3	4
6. I felt included in the family meeting.	1	2	3	4
7. I felt that everyone who needed to be at the family meeting was present. Please note any missing members below.	1	2	3	4
8. I felt comfortable sharing my thoughts and concerns in this meeting.	1	2	3	4
9. I felt the group listened when I spoke.	1	2	3	4
10. I felt that my thoughts and concerns were considered before a final decision was reached.	1	2	3	4
11. The ground rules were followed during the family meeting.	1	2	3	4
12. The meeting moved along at a reasonable pace.	1	2	3	4
13. I felt I had a role in developing the plan	1	2	3	4
14. My responsibility to the plan was clearly identified.	1	2	3	4
15. A plan was developed for what to do if a crisis occurs.	1	2	3	4
16. I was given a copy of the plan or was told it would be mailed.	1	2	3	4
17. I believe that family meetings are worthwhile.	1	2	3	4
18. I was satisfied with the way the meeting was run.	1	2	3	4

What could have made the meeting better? \_\_\_\_\_

***Thank you for taking the time to complete this survey!***

